



UNITED STATES MARINE CORPS  
MARINE CORPS RECRUITING COMMAND  
3280 RUSSELL ROAD  
QUANTICO, VA 22134-5103

IN REPLY REFER TO:

1560

Ser 000/000

0 Jan 07

FIRST ENDORSEMENT on Sergeant Doe's Ltr 1560 of 0 Jan 07

From: Commanding Officer, Naval Reserve Officers Training Corps  
(NROTC) Unit, University of Marine Corps

To: Commanding General, Marine Corps Recruiting Command (ON)

Subj: APPLICATION FOR APPOINTMENT TO COMMISSIONED RANK AS A  
SECOND LIEUTENANT IN THE UNITED STATES MARINE CORPS

1. Forwarded, recommending appointment in the United States Marine Corps.

2. Sergeant Doe is a MECEP in good standing. Sergeant Doe will have completed all the prescribed requirements for a commission and will be due for an appointment on 31 May 07.

3. Sergeant Doe completed Officer Candidates School during the first increment of 2006.

4. Prior military service of Sergeant Doe is verified as follows:

- a. 14 Dec 2005 to 14 Jan 2006 USMC (Active)
- b. 14 Jul 2006 to present USMC (Active)

I. M. COMMANDING

Copy to:  
SERGEANT JANE S. DOE

1560  
0 Jan 07

From: Sergeant Jane S. Doe XXX XX 0000  
To: Commanding General, Marine Corps Recruiting Command (ON)  
Via: Commanding Officer, Naval Reserve Officers Training Corps  
(NROTC) Unit, University of Marine Corps

Subj: APPLICATION FOR APPOINTMENT TO COMMISSIONED RANK AS A  
SECOND LIEUTENANT IN THE UNITED STATES MARINE CORPS

Encl: (1) ROUGH APPOINTMENT ACCEPTANCE AND RECORD (NAVMC 763)  
(2) NOMI/BUMED APPROVED PHYSICAL WITH PQ LETTER  
(3) SUPPORTING MEDICAL DOCUMENTATION  
(4) CURRENT TRANSCRIPTS  
(5) ENLISTMENT CONTRACTS (FORM 4)  
(6) BIRTH CERTIFICATE  
(7) SECURITY CLEARANCE

1. I hereby apply for appointment to commissioned grade as a Second Lieutenant in the United States Marine Corps and agree to serve on active duty for a period of at least 4 years. I further agree not to resign from such Reserve prior to the eighth anniversary of the date of my original commission in the Marine Corps.

2. I completed Officer Candidate School during the first increment of 2006.

3. My home of record and prior military service are listed on enclosure (1).

4. I do/do not have a claim pending for, or receive a pension, disability allowance, disability compensation, or retirement from the government of the United States.

JANE S. DOE



SAT NAC COMPL BY DIS

1. NAME (Last, First, Middle) DOE, JANE J.				2. SSN 999 99 9999		3. DATE OF BIRTH 20061214
4. HOME OF RECORD QUANTICO City County State VA				5. GRADE APPOINTED	5A. CODE	5B. DATE OF RANK
6. PLACE OF BIRTH (City, State or County) QUANTICO, VA			7. MOS 9901	8. TEMPORARY GRADE PRESENTLY SERVING	8A. CODE	8B. DATE OF RANK
9. CITIZENSHIP US	9A. CODE CA	10. SEX F	11. LSL	12. PERMANENT GRADE (For Temp. Appt. only)	12A. CODE	13. ORIG ENTRY AF
14. RELIGION BAPTIST	14A. CODE 10	15. RACE WHITE	15A. CODE EP	16. CONTRACT/LEGAL AGREEMENT	16A. CODE	17. PEBD
18. COMPONENT USMC	A8A. CODE 11	19. IMMED. ASSIGN. ACDU Y	20. MMS SOURCE CODE 2G	20A. AUTHORITY 531	20B. PROGRAM MECEP	

21. PRIOR SERVICE			
A. BRANCH/ COMPONENT	B. HIGHEST GRADE	C. ENL. OR APPT. YR. MO. DA.	D. DISCHARGED YR. MO. DA.
1			
2			
3			
4			
5			
6			
7			
8			
9			

COM DATE 14 DEC 2006

TBS CLASS ASG \_\_\_\_\_

YRS FINANCIAL ASST \_\_\_\_\_

EAS/ECC \_\_\_\_\_

COM TRANS NUM \_\_\_\_\_

SPL INSTR \_\_\_\_\_

763 \_\_\_\_\_

COM \_\_\_\_\_

COVER LTR \_\_\_\_\_

ORDERS \_\_\_\_\_

MAX LEAVE \_\_\_\_\_

REPORT BY \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OSO/NROTC UNIT MCRC UNIVERSITY

T/O \_\_\_\_\_

(date) (initials)



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
6110  
Ser M32/06UM3216471  
15 Nov 2006

From: Chief, Bureau of Medicine and Surgery  
To: Commanding General, Marine Corps Recruiting Command (MROR)  
Subj: PHYSICAL QUALIFICATION FOR COMMISSIONING IN THE UNITED STATES  
MARINE CORPS ICO TIMLANDY BHARD, ~~XX-XX~~-4360

Encl: (1) Clinical data on applicant.

1. Enclosure (1) is forwarded/returned.
2. Based on a review of the available medical information, the subject applicant DOES NOT meet established physical standards due to history of urticaria.
3. A waiver of the physical standards IS recommended.
4. This command defers to NAMI 342 for suitability for service in aviation programs.
5. This command adheres to the recommendation made in reference (a).

K. J. RONAN  
By direction

Copy to:  
NROTCU University of

DEC 12 2006

From: Commanding General, Marine Corps Recruiting Command  
To: Commanding Officer, Marine Corps District

1. The medical waiver is approved

  
By direction

<b>REPORT OF MEDICAL EXAMINATION</b>				<b>1. DATE OF EXAMINATION</b> (YYYYMMDD) 20061214		<b>2. SOCIAL SECURITY NUMBER</b> XXXXXXXXXX	
<b>PRIVACY ACT STATEMENT</b>							
<b>AUTHORITY:</b> 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. <b>PRINCIPAL PURPOSE(S):</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. <b>ROUTINE USE(S):</b> None. <b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.							
<b>3. LAST NAME - FIRST NAME - MIDDLE NAME</b> (SUFFIX) DOE, JANE J.			<b>4. HOME ADDRESS</b> (Street, Apartment Number, City, State and ZIP Code) 3280 RUSSELL ROADWAY QUATICO, VA 22134			<b>5. HOME TELEPHONE NUMBER</b> (Include Area Code) 703-784-9446	
<b>6. GRADE</b> SSGT	<b>7. DATE OF BIRTH</b> (YYYYMMDD) 20061214	<b>8. AGE</b> 99	<b>9. SEX</b> <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	<b>10.a. RACIAL CATEGORY</b> (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> White		<b>b. ETHNIC CATEGORY</b> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Decline to Respond <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Decline to Respond	
<b>11. TOTAL YEARS GOVERNMENT SERVICE</b> a. MILITARY 3 b. CIVILIAN		<b>12. AGENCY</b> (Non-Service Members Only)			<b>13. ORGANIZATION UNIT AND UIC/CODE</b> MCRC UNIVERSITY		
<b>14.a. RATING OR SPECIALTY</b> (Aviators Only)			<b>b. TOTAL FLYING TIME</b>		<b>c. LAST SIX MONTHS</b>		
<b>15.a. SERVICE</b> <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		<b>b. COMPONENT</b> <input checked="" type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		<b>c. PURPOSE OF EXAMINATION</b> <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program		<b>16. NAME OF EXAMINING LOCATION, AND ADDRESS</b> (Include ZIP Code) HQMC NAVAL SCIENCE DEPT QUANTICO, VA 22134	
<b>CLINICAL EVALUATION</b> (Check each item in appropriate column. Enter "NE" if not evaluated.)							
				Normal Ab- norm	NE	<b>44. NOTES:</b> (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)	
17. Head, face, neck, and scalp				<input checked="" type="checkbox"/>			
18. Nose				<input checked="" type="checkbox"/>			
19. Sinuses				<input checked="" type="checkbox"/>			
20. Mouth and throat				<input checked="" type="checkbox"/>			
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)				<input checked="" type="checkbox"/>			
22. Drums (Perforation)				<input checked="" type="checkbox"/>			
23. Eyes - General (Visual acuity and refraction under items 61 - 63)				<input checked="" type="checkbox"/>			
24. Ophthalmoscopic				<input checked="" type="checkbox"/>			
25. Pupils (Equality and reaction)				<input checked="" type="checkbox"/>			
26. Ocular motility (Associated parallel movements, nystagmus)				<input checked="" type="checkbox"/>			
27. Heart (Thrust, size, rhythm, sounds)				<input checked="" type="checkbox"/>			
28. Lungs and chest (Include breasts)				<input checked="" type="checkbox"/>			
29. Vascular system (Varicosities, etc.)				<input checked="" type="checkbox"/>			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)				<input checked="" type="checkbox"/>			
31. Abdomen and viscera (Include hernia)				<input checked="" type="checkbox"/>			
32. External genitalia (Genitourinary)				<input checked="" type="checkbox"/>			
33. Upper extremities				<input checked="" type="checkbox"/>			
34. Lower extremities (Except feet)				<input checked="" type="checkbox"/>			
35. Feet (See Item 35 Continued)				<input checked="" type="checkbox"/>			
36. Spine, other musculoskeletal				<input checked="" type="checkbox"/>			
37. Identifying body marks, scars, tattoos				<input checked="" type="checkbox"/>			
38. Skin, lymphatics				<input checked="" type="checkbox"/>			
39. Neurologic				<input checked="" type="checkbox"/>			
40. Psychiatric (Specify any personality deviation)				<input checked="" type="checkbox"/>			
41. Pelvic (Females only)				<input checked="" type="checkbox"/>			
42. Endocrine				<input checked="" type="checkbox"/>			
<b>43. DENTAL DEFECTS AND DISEASE</b> (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class 2				<b>35. FEET</b> (Continued) (Circle category) Normal Arch      Mild      Asymptomatic Pes Cavus      Moderate Pes Planus      Severe      Symptomatic			

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JANE J.												SOCIAL SECURITY NUMBER XXXXXXXXXX							
<b>LABORATORY FINDINGS</b>																			
45. URINALYSIS				a. Albumin negative b. Sugar negative				46. URINE HCG				47. H/H 42.3/14.5				48. BLOOD TYPE O+			
TESTS				RESULTS				HIV SPECIMEN ID LABEL				DRUG TEST SPECIMEN ID LABEL							
49. HIV				14 DEC 2006 negative															
50. DRUGS																			
51. ALCOHOL																			
52. OTHER																			
a. PAP SMEAR				14 DEC 2006 negative															
b.																			
c.																			
<b>MEASUREMENTS AND OTHER FINDINGS</b>																			
53. HEIGHT 66		54. WEIGHT 166 lbs.		55. MIN WGT - MAX WGT MAX BF %				56. TEMPERATURE				57. PULSE							
58. BLOOD PRESSURE						59. RED/GREEN (Army Only)						60. OTHER VISION TEST							
a. 1ST		b. 2ND		c. 3RD															
SYS. 66		SYS.		SYS.															
DIAS. 166		DIAS.		DIAS.															
61. DISTANT VISION						62. REFRACTION BY AUTOREFRACTION OR MANIFEST						63. NEAR VISION							
Right 20/ 20		Corr. to 20/ 20		By S. CX		Right 20/ 20		Corr. to 20/ 20		by									
Left 20/ 20		Corr. to 20/ 20		By S. CX		Left 20/ 20		Corr. to 20/ 20		by									
64. HETEROPHORIA (Specify distance)																			
ES °		EX °		R.H.		L.H.		Prism div.		Prism Conv CT		NPR		PD					
65. ACCOMMODATION				66. COLOR VISION (Test used and result)				67. DEPTH PERCEPTION (Test used and score) AFVT											
Right		Left		PIP		/14		Uncorrected				Corrected							
68. FIELD OF VISION						69. NIGHT VISION (Test used and score)						70. INTRAOCULAR TENSION							
												O.D.		O.S.					
71a. AUDIOMETER		Unit Serial Number						71b. Unit Serial Number		72a. READING ALOUD TEST									
Date Calibrated (YYYYMMDD)								Date Calibrated (YYYYMMDD)											
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	SAT	UNSAT				
Right	X	X	X	X	X	X	Right							72b. VALSALVA					
Left	X	X	X	X	X	X	Left							SAT	UNSAT				
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																			

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JANE J.							SOCIAL SECURITY NUMBER XXXXXXXXXX								
74.a. EXAMINEE/APPLICANT (check one)							75. I have been advised of my disqualifying condition.								
<input checked="" type="checkbox"/> IS QUALIFIED FOR SERVICE							a. SIGNATURE OF EXAMINEE		b. DATE (YYYYMMDD)						
<input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE															
b. PHYSICAL PROFILE															
P	U	L	H	E	S	X	PROFILER INITIALS		DATE (YYYYMMDD)						
76. SIGNIFICANT OR DISQUALIFYING DEFECTS															
ITEM NO.	MEDICAL CONDITION/DIAGNOSIS			ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED					
										SERVICE	DATE (YYYYMMDD)				
77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary.)															
78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)															
79. MEPS WORKLOAD (For MEPS use only)															
WKID		ST		DATE (YYYYMMDD)		INITIAL		WKID		ST		DATE (YYYYMMDD)		INITIAL	
80. MEDICAL INSPECTION DATE		HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE						
81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER							b. SIGNATURE								
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER							b. SIGNATURE								
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)							b. SIGNATURE								
84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY							b. SIGNATURE								
85. This examination has been administratively reviewed for completeness and accuracy.															
a. SIGNATURE							b. GRADE			c. DATE (YYYYMMDD)					
86. WAIVER GRANTED (If yes, date and by whom)											87. NUMBER OF ATTACHED SHEETS				
<input type="checkbox"/> YES															
<input type="checkbox"/> NO															

REPORT OF MEDICAL HISTORY		Form Approved OMB No. 0704-0413 Expires Aug 31, 2003	
<p><b>(This information is for official and medically confidential use only and will not be released to unauthorized persons.)</b></p>			
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>			
<p><b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.</b></p>			
<p><b>PRIVACY ACT STATEMENT</b></p>			
<p><b>AUTHORITY:</b> 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.  <b>PRINCIPAL PURPOSE(S):</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.  <b>ROUTINE USE(S):</b> None.  <b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>			
<p><b>WARNING:</b> The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.</p>			
<p><b>1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</b> SSGT DOE, JANE J.</p>		<p><b>2. SOCIAL SECURITY NUMBER</b> XXXXXXX</p>	
<p><b>4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)</b> 3280 RUSSELL ROADWAY QUANTICO, VA 22134</p>		<p><b>5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)</b> HQMC NAVAL SCIENCE DEPT QUANTICO, VA 22134</p>	
<p><b>b. HOME TELEPHONE (Include Area Code)</b> 703-784-9446</p>			
<p><b>X ALL APPLICABLE BOXES:</b></p>		<p><b>7.a. POSITION (Title, Grade, Component)</b></p>	
<p><b>6.a. SERVICE</b></p> <p> <input type="checkbox"/> Army    <input type="checkbox"/> Coast Guard  <input type="checkbox"/> Navy  <input checked="" type="checkbox"/> Marine Corps  <input type="checkbox"/> Air Force         </p>		<p><b>b. COMPONENT</b></p> <p> <input checked="" type="checkbox"/> Active Duty  <input type="checkbox"/> Reserve  <input type="checkbox"/> National Guard         </p>	
<p><b>c. PURPOSE OF EXAMINATION</b></p> <p> <input type="checkbox"/> Enlistment    <input type="checkbox"/> Medical Board    <input type="checkbox"/> Other (Specify)  <input checked="" type="checkbox"/> Commission  <input type="checkbox"/> Retention  <input type="checkbox"/> Separation         </p>		<p><b>b. USUAL OCCUPATION</b></p>	
<p><b>8. CURRENT MEDICATIONS (Prescription and Over-the-counter)</b>  NONE</p>		<p><b>9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)</b>  NONE KNOWN</p>	
<p><b>Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.</b></p>			
<p><b>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b></p>		<p><b>12. (Continued)</b></p>	
<p><b>10.a. Tuberculosis</b>    YES NO    <input type="radio"/> <input checked="" type="radio"/></p> <p>b. Lived with someone who had tuberculosis    <input type="radio"/> <input checked="" type="radio"/></p> <p>c. Coughed up blood    <input type="radio"/> <input checked="" type="radio"/></p> <p>d. Asthma or any breathing problems related to exercise, weather, pollens, etc.    <input type="radio"/> <input checked="" type="radio"/></p> <p>e. Shortness of breath    <input type="radio"/> <input checked="" type="radio"/></p> <p>f. Bronchitis    <input type="radio"/> <input checked="" type="radio"/></p> <p>g. Wheezing or problems with wheezing    <input type="radio"/> <input checked="" type="radio"/></p> <p>h. Been prescribed or used an inhaler    <input type="radio"/> <input checked="" type="radio"/></p> <p>i. A chronic cough or cough at night    <input type="radio"/> <input checked="" type="radio"/></p> <p>j. Sinusitis    <input type="radio"/> <input checked="" type="radio"/></p> <p>k. Hay fever    <input type="radio"/> <input checked="" type="radio"/></p> <p>l. Chronic or frequent colds    <input type="radio"/> <input checked="" type="radio"/></p>		<p>f. Foot trouble (e.g., pain, corns, bunions, etc.)    <input type="radio"/> <input checked="" type="radio"/></p> <p>g. Impaired use of arms, legs, hands, or feet    <input type="radio"/> <input checked="" type="radio"/></p> <p>h. Swollen or painful joint(s)    <input type="radio"/> <input checked="" type="radio"/></p> <p>i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)    <input type="radio"/> <input checked="" type="radio"/></p> <p>j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint    <input type="radio"/> <input checked="" type="radio"/></p> <p>k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.    <input type="radio"/> <input checked="" type="radio"/></p> <p>l. Bone, joint, or other deformity    <input type="radio"/> <input checked="" type="radio"/></p> <p>m. Plate(s), screw(s), rod(s) or pin(s) in any bone    <input type="radio"/> <input checked="" type="radio"/></p> <p>n. Broken bone(s) (cracked or fractured)    <input type="radio"/> <input checked="" type="radio"/></p>	
<p><b>11.a. Severe tooth or gum trouble</b>    <input type="radio"/> <input checked="" type="radio"/></p> <p>b. Thyroid trouble or goiter    <input type="radio"/> <input checked="" type="radio"/></p> <p>c. Eye disorder or trouble    <input type="radio"/> <input checked="" type="radio"/></p> <p>d. Ear, nose, or throat trouble    <input type="radio"/> <input checked="" type="radio"/></p> <p>e. Loss of vision in either eye    <input type="radio"/> <input checked="" type="radio"/></p> <p>f. Worn contact lenses or glasses    <input type="radio"/> <input checked="" type="radio"/></p> <p>g. A hearing loss or wear a hearing aid    <input type="radio"/> <input checked="" type="radio"/></p> <p>h. Surgery to correct vision (RK, PRK, LASIK, etc.)    <input type="radio"/> <input checked="" type="radio"/></p>		<p><b>13.a. Frequent indigestion or heartburn</b>    <input type="radio"/> <input checked="" type="radio"/></p> <p>b. Stomach, liver, intestinal trouble, or ulcer    <input type="radio"/> <input checked="" type="radio"/></p> <p>c. Gall bladder trouble or gallstones    <input type="radio"/> <input checked="" type="radio"/></p> <p>d. Jaundice or hepatitis (liver disease)    <input type="radio"/> <input checked="" type="radio"/></p> <p>e. Rupture/hernia    <input type="radio"/> <input checked="" type="radio"/></p> <p>f. Rectal disease, hemorrhoids or blood from the rectum    <input type="radio"/> <input checked="" type="radio"/></p> <p>g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)    <input type="radio"/> <input checked="" type="radio"/></p> <p>h. Frequent or painful urination    <input type="radio"/> <input checked="" type="radio"/></p> <p>i. High or low blood sugar    <input type="radio"/> <input checked="" type="radio"/></p> <p>j. Kidney stone or blood in urine    <input type="radio"/> <input checked="" type="radio"/></p> <p>k. Sugar or protein in urine    <input type="radio"/> <input checked="" type="radio"/></p> <p>l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)    <input type="radio"/> <input checked="" type="radio"/></p>	
<p><b>12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)</b>    <input type="radio"/> <input checked="" type="radio"/></p> <p>b. Arthritis, rheumatism, or bursitis    <input type="radio"/> <input checked="" type="radio"/></p> <p>c. Recurrent back pain or any back problem    <input type="radio"/> <input checked="" type="radio"/></p> <p>d. Numbness or tingling    <input type="radio"/> <input checked="" type="radio"/></p> <p>e. Loss of finger or toe    <input type="radio"/> <input checked="" type="radio"/></p>		<p><b>14.a. Adverse reaction to serum, food, insect stings or medicine</b>    <input type="radio"/> <input checked="" type="radio"/></p> <p>b. Recent unexplained gain or loss of weight    <input type="radio"/> <input checked="" type="radio"/></p> <p>c. Currently in good health (If no, explain in Item 29 on Page 2.)    <input checked="" type="radio"/> <input type="radio"/></p> <p>d. Tumor, growth, cyst, or cancer    <input type="radio"/> <input checked="" type="radio"/></p>	



LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER
SSGT DOE, JANE J.		XXXXXXX
<b>Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.</b>		
HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES NO	YES NO
<b>15.a.</b> Dizziness or fainting spells	<input type="radio"/> YES <input checked="" type="radio"/> NO	<b>19.</b> Have you been refused employment or been unable to hold a job or stay in school because of: a. Sensitivity to chemicals, dust, sunlight, etc. <input type="radio"/> YES <input checked="" type="radio"/> NO b. Inability to perform certain motions <input type="radio"/> YES <input checked="" type="radio"/> NO c. Inability to stand, sit, kneel, lie down, etc. <input type="radio"/> YES <input checked="" type="radio"/> NO d. Other medical reasons ( <i>If yes, give reasons.</i> ) <input type="radio"/> YES <input checked="" type="radio"/> NO
b. Frequent or severe headache	<input type="radio"/> YES <input checked="" type="radio"/> NO	
c. A head injury, memory loss or amnesia	<input type="radio"/> YES <input checked="" type="radio"/> NO	
d. Paralysis	<input type="radio"/> YES <input checked="" type="radio"/> NO	
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/> YES <input checked="" type="radio"/> NO	
f. Car, train, sea, or air sickness	<input type="radio"/> YES <input checked="" type="radio"/> NO	
g. A period of unconsciousness or concussion	<input type="radio"/> YES <input checked="" type="radio"/> NO	
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<b>16.a.</b> Rheumatic fever	<input type="radio"/> YES <input checked="" type="radio"/> NO	<b>20.</b> Have you ever been treated in an Emergency Room? ( <i>If yes, for what?</i> ) <input type="radio"/> YES <input checked="" type="radio"/> NO  <b>21.</b> Have you ever been a patient in any type of hospital? ( <i>If yes, specify when, where, why, and name of doctor and complete address of hospital.</i> ) <input type="radio"/> YES <input checked="" type="radio"/> NO  <b>22.</b> Have you ever had, or have you been advised to have any operations or surgery? ( <i>If yes, describe and give age at which occurred.</i> ) <input type="radio"/> YES <input checked="" type="radio"/> NO
b. Prolonged bleeding ( <i>as after an injury or tooth extraction, etc.</i> )	<input type="radio"/> YES <input checked="" type="radio"/> NO	
c. Pain or pressure in the chest	<input type="radio"/> YES <input checked="" type="radio"/> NO	
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/> YES <input checked="" type="radio"/> NO	
e. Heart trouble or murmur	<input type="radio"/> YES <input checked="" type="radio"/> NO	
f. High or low blood pressure	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<b>17.a.</b> Nervous trouble of any sort ( <i>anxiety or panic attacks</i> )	<input type="radio"/> YES <input checked="" type="radio"/> NO	
b. Habitual stammering or stuttering	<input type="radio"/> YES <input checked="" type="radio"/> NO	<b>23.</b> Have you ever had any illness or injury other than those already noted? ( <i>If yes, specify when, where, and give details.</i> ) <input type="radio"/> YES <input checked="" type="radio"/> NO  <b>24.</b> Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? ( <i>If yes, give complete address of doctor, hospital, clinic, and details.</i> ) <input type="radio"/> YES <input checked="" type="radio"/> NO  <b>25.</b> Have you ever been rejected for military service for any reason? ( <i>If yes, give date and reason for rejection.</i> ) <input type="radio"/> YES <input checked="" type="radio"/> NO  <b>26.</b> Have you ever been discharged from military service for any reason? ( <i>If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.</i> ) <input type="radio"/> YES <input checked="" type="radio"/> NO  <b>27.</b> Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? ( <i>If yes, specify what kind, granted by whom, and what amount, when, why.</i> ) <input type="radio"/> YES <input checked="" type="radio"/> NO
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/> YES <input checked="" type="radio"/> NO	
d. Frequent trouble sleeping	<input type="radio"/> YES <input checked="" type="radio"/> NO	
e. Received counseling of any type	<input type="radio"/> YES <input checked="" type="radio"/> NO	
f. Depression or excessive worry	<input type="radio"/> YES <input checked="" type="radio"/> NO	
g. Been evaluated or treated for a mental condition	<input type="radio"/> YES <input checked="" type="radio"/> NO	
h. Attempted suicide	<input type="radio"/> YES <input checked="" type="radio"/> NO	
i. Used illegal drugs or abused prescription drugs	<input type="radio"/> YES <input type="radio"/> NO	
<b>18. FEMALES ONLY. Have you ever had or do you now have:</b>		<b>28.</b> Have you ever been denied life insurance? <input type="radio"/> YES <input checked="" type="radio"/> NO
a. Treatment for a gynecological (female) disorder	<input type="radio"/> YES <input checked="" type="radio"/> NO	
b. A change of menstrual pattern	<input type="radio"/> YES <input checked="" type="radio"/> NO	
c. Any abnormal PAP smears	<input type="radio"/> YES <input checked="" type="radio"/> NO	
d. First day of last menstrual period (YYYYMMDD)	20061214	
e. Date of last PAP smear (YYYYMMDD)	20061214	
<b>29. EXPLANATION OF "YES" ANSWER(S)</b> ( <i>Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.</i> )		
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."		



# ANNUAL CERTIFICATE OF PHYSICAL CONDITION

DATE:

06/21/14

## Instructions:

This certificate is to be completed annually by members of the naval service (including Reserves) as required by the Manual of the Medical Department and other directives, as appropriate. **The intentional failure to disclose an illness or disease could be construed as an intent to defraud the Government and could result in the member's loss of disability benefits or be the basis for criminal prosecution or other administrative action under the Uniform Code of Military Justice.**

Type or clearly print member's name (last, first, middle initial); social security number; and unit to which assigned.

The member shall complete the appropriate responses, sign in ink, and date.

1. Last Name, First Name, Middle Init. Doe, Jane J.			2. SSN XXX-XX-XXXX		3. Rate/Rank SSGT	
4. Designator/MOS/NEC 9901/4421		5. Sex F	6. Age -	7. Date of Birth 20061214		
8. Known Allergies NONE			9. Unit or School and UIC MCRC UNIVERSITY			
10. Home Address 3280 Russell Roadway		City Quantico				
11. State VA	Zip + 4 Code 22134	Home Phone Number 703-784-9446		Work Phone Number 703-784-9447		
12. Location of Health Record MCRC University, NROTC Unit			13. Location of Dental Record MCRC University, NROTC Unit			
14. Date of last Complete Physical Examination 20061214			15. Purpose of Examination Commissioning physical			
16. Date of last Dental Exam 20061214	17. Type of Examination Annual		18. Class	19. Date of last PAP and results 20061214	20. Date of last Mammogram and results 20061214	
21. Date of last HIV Blood Test 20061214	22. Blood Pressure Reserves Only -	23. Body Fat % -		24. Height 66	25. Weight 166	

(Continued on Reserve)

## ANNUAL CERTIFICATE OF PHYSICAL CONDITION

1. Have you had any injury, illness or disease within the past 12 months which required hospitalization or caused you to be absent from school, duty or civilian occupation for more than 3 consecutive days?

(X) NO ( ) YES If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you now, or have you been under a physician's care during the past 12 months?

(X) NO ( ) YES If yes, explain? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you taken prescription medications in the past 12 months?

(X) NO ( ) YES If yes, what are they? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any physical defect(s), family or mental problems which might restrict your performance on active duty or prevent your mobilization?

(X) NO ( ) YES If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon completion of indicated action, file completed certificate in member's Health Record and a copy in member's Dental Record.

I certify that the information contained in this form is true and complete to the best of my knowledge and belief.

MEMBER'S SIGNATURE: \_\_\_\_\_

Student's signature

MEDICAL DEPT. REP. SIGNATURE: \_\_\_\_\_

AMD I / MOI signature

REVIEWING OFFICER'S SIGNATURE: \_\_\_\_\_

REVIEWING OFFICER'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEMESTER	DESCRIPTION OF COURSE	CREDIT	GRADE	PTS	SEMESTER	DESCRIPTION OF COURSE	CREDIT	GRADE	PTS
Fall 1997					Spring 1998				
ANTH 101	COLLEGE ACADEMIC	1	A	10.0	BIOL 202	BIOPHYSICS AND BIOCHEMISTRY II	2	B	8.0
PHIL 201	ETHICS AND MORALS	2	A	10.0	ENGL 201	COMPOSITION AND RESEARCH WRITING	2	B	8.0
WRT 101	INTRODUCTION TO WRITING	1	A	10.0	PHIL 202	PHILOSOPHY AND ETHICS	1	B	8.0
ANTH 201	INTRODUCTION TO ANTHROPOLOGY	2	B	8.0	PHIL 203	ANALYTICAL PHILOSOPHY	1	B	8.0
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Spring 1998					Fall 1998				
ANTH 202	THE HUMAN BODY	1	A	10.0	PHIL 204	PHILOSOPHY AND BIOETHICS I	1	A	10.0
WRT 201	INTRODUCTION TO JOURNALISM	2	A	10.0	PHIL 205	PHILOSOPHY AND BIOETHICS II	2	B	8.0
PHIL 201	PHILOSOPHY AND ETHICS	2	B	8.0	PHIL 206	PHILOSOPHY AND ETHICS	2	A	10.0
PHIL 202	HUMAN NATURE	1	A	10.0	PHIL 207	PHILOSOPHY AND ETHICS	1	A	10.0
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Fall 1998					Spring 1999				
PHIL 203	PHILOSOPHY AND ETHICS	2	B	8.0	PHIL 208	PHILOSOPHY AND ETHICS	1	B	8.0
PHIL 204	PHILOSOPHY AND ETHICS	2	B	8.0	PHIL 209	PHILOSOPHY AND ETHICS	2	A	10.0
PHIL 205	PHILOSOPHY AND ETHICS	1	A	10.0	PHIL 210	PHILOSOPHY AND ETHICS	1	B	8.0
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Spring 1999					Fall 1999				
PHIL 206	PHILOSOPHY AND ETHICS	2	B	8.0	PHIL 211	PHILOSOPHY AND ETHICS	1	B	8.0
PHIL 207	PHILOSOPHY AND ETHICS	2	A	10.0	PHIL 212	PHILOSOPHY AND ETHICS	2	A	10.0
PHIL 208	PHILOSOPHY AND ETHICS	1	B	8.0	PHIL 213	PHILOSOPHY AND ETHICS	1	B	8.0
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Fall 1999					Spring 2000				
PHIL 209	PHILOSOPHY AND ETHICS	2	B	8.0	PHIL 214	PHILOSOPHY AND ETHICS	1	B	8.0
PHIL 210	PHILOSOPHY AND ETHICS	2	A	10.0	PHIL 215	PHILOSOPHY AND ETHICS	2	A	10.0
PHIL 211	PHILOSOPHY AND ETHICS	1	B	8.0	PHIL 216	PHILOSOPHY AND ETHICS	1	B	8.0
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Spring 2000					Fall 2000				
PHIL 212	PHILOSOPHY AND ETHICS	2	B	8.0	PHIL 217	PHILOSOPHY AND ETHICS	1	B	8.0
PHIL 213	PHILOSOPHY AND ETHICS	2	A	10.0	PHIL 218	PHILOSOPHY AND ETHICS	2	A	10.0
PHIL 214	PHILOSOPHY AND ETHICS	1	B	8.0	PHIL 219	PHILOSOPHY AND ETHICS	1	B	8.0
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Fall 2000					Spring 2001				
PHIL 215	PHILOSOPHY AND ETHICS	2	B	8.0	PHIL 220	PHILOSOPHY AND ETHICS	1	B	8.0
PHIL 216	PHILOSOPHY AND ETHICS	2	A	10.0	PHIL 221	PHILOSOPHY AND ETHICS	2	A	10.0
PHIL 217	PHILOSOPHY AND ETHICS	1	B	8.0	PHIL 222	PHILOSOPHY AND ETHICS	1	B	8.0
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			
Gen Ed Req: 10.0	Gen Ed Req: 10.0				Gen Ed Req: 10.0	Gen Ed Req: 10.0			

STUDENT NAME  
Fall 2001 Address  
1234567890  
Los Angeles, CA  
90001

STUDENT ID NUMBER  
1234567890  
1234567890  
1234567890  
1234567890  
1234567890

END

Official Transcript

**ENLISTMENT/REENLISTMENT DOCUMENT  
ARMED FORCES OF THE UNITED STATES**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087; 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

**ROUTINE USE(S):** This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

**DISCLOSURE:** Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

**A. ENLISTEE/REENLISTEE IDENTIFICATION DATA**

<b>1. NAME</b> ( <i>Last, First, Middle</i> ) DOE, JANE J.		<b>2. SOCIAL SECURITY NUMBER</b> XXX-XX-XXXX		
<b>3. HOME OF RECORD</b> ( <i>Street, City, State, ZIP Code</i> ) 3280 RUSSELL ROADWAY QUANTICO, VA 22134		<b>4. PLACE OF ENLISTMENT/REENLISTMENT</b> ( <i>Mil. Installation, City, State</i> ) NROTC UNIT, MCRC UNIVERSITY QUANTICO, VA 22134		
<b>5. DATE OF ENLISTMENT/REENLISTMENT</b> (YYYYMMDD) 20061214	<b>6. DATE OF BIRTH</b> (YYYYMMDD) 20061214	<b>7. PREV MIL SVC UPON ENL/REENLIST</b>	<b>YEARS</b>	<b>MONTHS</b>
		<b>a. TOTAL ACTIVE MILITARY SERVICE</b>		
		<b>b. TOTAL INACTIVE MILITARY SERVICE</b>		

**B. AGREEMENTS**

8. I am enlisting/reenlisting in the United States (*list branch of service*) MARINE CORPS RESERVE  
this date for 8 years and 0 weeks beginning in pay grade \_\_\_\_\_.  
The additional details of my enlistment/reenlistment are in Section C and Annex(es)  
"A"

**a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):**

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (*list date* (YYYYMMDD)) \_\_\_\_\_ for enlistment in the Regular component of the United States (*list branch of service*) \_\_\_\_\_ for not less than \_\_\_\_\_ years and \_\_\_\_\_ weeks. My enlistment in the DEP is in a nonpay status. I understand that my period in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

**b. REMARKS:** (*If none, so state.*)

NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government.  
**ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

(*Initials of Enlistee/Reenlistee*) JJD

(*Continued on reverse side.*)



## C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

**9. FOR ALL ENLISTEES OR REENLISTEES:** Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

### **10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.**

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) in time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty as prescribed by law, if I am a member of the Selected Reserve.

**11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD:** I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

**12. FOR ALL MALE APPLICANTS:** Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE/REENLISTEE ( <i>Last, First, Middle</i> ) DOE, JANE J.		SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE XXX-XX-XXXX	
<b>D. CERTIFICATION AND ACCEPTANCE</b>			
<p>13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.</p> <p>I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (<i>If none, X "NONE" and initial.</i>)</p> <div style="display: flex; align-items: center;"> <input checked="checked" type="checkbox"/> NONE         <span style="margin-left: 20px;">JJD (<i>Initials of enlistee/reenlistee</i>)</span> </div>			
b. SIGNATURE OF ENLISTEE/REENLISTEE		c. DATE SIGNED ( <i>YYYYMMDD</i> ) 20061214	
<b>14. SERVICE REPRESENTATIVE CERTIFICATION</b>			
a. On behalf of the United States ( <i>list branch of service</i> ) <u>MARINE CORPS RESERVE</u> , I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.			
b. NAME ( <i>Last, First, Middle</i> ) DOE, JOHN J.	c. PAY GRADE 06	d. UNIT/COMMAND NAME NROTC UNIT, MCRC UNIVERSITY	
e. SIGNATURE	f. DATE SIGNED ( <i>YYYYMMDD</i> ) 20061214	g. UNIT/COMMAND ADDRESS ( <i>City, State, ZIP Code</i> ) QUANTICO, VA 22134	
<b>E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT</b>			
<b>15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):</b> I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.			
<b>16. IN THE NATIONAL GUARD (ARMY OR AIR):</b> I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.			
<b>17. IN THE NATIONAL GUARD (ARMY OR AIR):</b> I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard and as a Reserve of the United States ( <i>list branch of service</i> ) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.			
18.a. SIGNATURE OF ENLISTEE/REENLISTEE		b. DATE SIGNED ( <i>YYYYMMDD</i> )	
<b>19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION</b>			
a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.			
b. NAME ( <i>Last, First, Middle</i> ) DOE, JOHN J.	c. PAY GRADE 06	d. UNIT/COMMAND NAME NROTC UNIT, MCRC UNIVERSTY	
e. SIGNATURE	f. DATE SIGNED ( <i>YYYYMMDD</i> ) 20061214	g. UNIT/COMMAND ADDRESS ( <i>City, State, ZIP Code</i> ) QUANTICO, VA 22134	



<b>NAME OF ENLISTEE/REENLISTEE</b> <i>(Last, First, Middle)</i> DOE, JANE J.	<b>SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE</b> XXX-XX-XXXX	
<b>F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM</b>		
<p>20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States <i>(list branch of service)</i> _____ for a period of _____ years and _____ weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) _____ which replace(s) Annex(es) _____.</p>		
<b>b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE</b>	<b>c. DATE SIGNED</b> <i>(YYYYMMDD)</i>	
<b>G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE</b>		
<b>21. SERVICE REPRESENTATIVE CERTIFICATION</b> a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States <i>(list branch of service)</i> _____ in pay grade _____.		
<b>b. NAME</b> <i>(Last, First, Middle)</i>	<b>c. PAY GRADE</b>	<b>d. UNIT/COMMAND NAME</b>
<b>e. SIGNATURE</b>	<b>f. DATE SIGNED</b> <i>(YYYYMMDD)</i>	<b>g. UNIT/COMMAND ADDRESS</b> <i>(City, State, ZIP Code)</i>
<b>H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT</b>		
<p>22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:</p> <p>I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.</p>		
<b>b. SIGNATURE OF ENLISTEE/REENLISTEE</b>	<b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i>	
<b>23. ENLISTMENT OFFICER CERTIFICATION</b> a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.		
<b>b. NAME</b> <i>(Last, First, Middle)</i>	<b>c. PAY GRADE</b>	<b>d. UNIT/COMMAND NAME</b>
<b>e. SIGNATURE</b>	<b>f. DATE SIGNED</b> <i>(YYYYMMDD)</i>	<b>g. UNIT/COMMAND ADDRESS</b> <i>(City, State, ZIP Code)</i>

# Certificate of Birth

This certificate is issued  
in recognition of the birth of

**Name Here**

sex here child, x pounds x ounces,  
born this day date here  
to parents Parent One here and  
Parent Two here.



Title One

**Hospital or Issuer Here**  
**Location Here**

Title Two

**Person Summary****Person Category**

Officer Candidate (USN)

**SSN:**

Open Investigation: N/A

PSQ Sent Date: N/A

Attestation Date: N/A

Incident Report: N/A

SF 713 Fin Consent Date: N/A

SF 714 Fin Disclosure Date: N/A

Polygraph: N/A

Foreign Relation: 1, Sister, Canada  
1, Mother, Canada**Date of Birth:**

Marital Status: N/A

Place of Birth: N/A

Citizenship: N/A

NdA Signed: No

NdS Signed: No

**Accesses**

Category	PSP	Suitability and Trustworthiness
Officer Candidate (USN)	No	IT: N/A Public Trust: N/A Child Care: N/A
ROTC (USN)	No	IT: N/A Public Trust: N/A Child Care: N/A
Reserve - Enlisted (USMC)	No	IT: N/A Public Trust: N/A Child Care: N/A

**Person Category Information**

Category Classification: N/A

Organization: 68726. NROTCU

, COMMANDING OFFICER,

Organization Status: N/A

Occupation Code: N/A

SCI SMO: N/A

Non-SCI SMO: N/A

Servicing SMO: No

Office Symbol: N/A

Position Code: N/A

Arrival Date: N/A

Office Phone Comm: N/A

Separation Status: Separation

Interim: N/A

Separation Date: 2006 10 23

Grade: N/A

PS: N/A

RNLTD: N/A

Office Phone DSN: N/A

TAFMSD: N/A

Proj. Departure Date: N/A

Proj. UIC/RUC/PASCODE: N/A

In/Out Process

JCAVS Person Summary

Page 2 of 2

**Investigation Summary**

NACLC from OPM, Opened: 2004 04 01 Closed 2005 02 03

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**Adjudication Summary**

PSI Adjudication of NACLC OPM, Opened 2004 04 01, Closed 2005 02 03, determined  
Eligibility of Secret on 2005 04 29 DoNCAF

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**External Interfaces**

Perform SII Search      DCII

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**Notice:** Under the Privacy Act of 1974, you must safeguard personnel information retrieved through this system.  
Disclosure of information is governed by Title 5, United States Code, Section 552a Public Law 93-579, DoDD 5400.11, DoDR  
5400.11-R and the applicable service directives.